

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE Page 3	CASE NO.
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INCOME INFORMATION OF OTHER PARENT IN THIS CASE (if known)

59. Occupation	60. Employer (if unemployed, name of last employer)		
61. Employer's address	City	State	Zip
			62. Hourly pay rate (including shift premium and COLA)
63. Gross earnings per pay period (earnings before taxes)		64. Average overtime hours for past 12 months	

HEALTH CARE INFORMATION

65. Medical insurance company name, address, telephone no.	Policy number	Beginning date, if known
66. Dental insurance company name, address, telephone no.	Policy number	Beginning date, if known
67. Optical insurance company name, address, telephone no.	Policy number	Beginning date, if known
68. What dependent coverage is available to you without cost? <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Optical </div>		
69. What dependent coverage is available by payment of an additional premium? (specify cost per pay period) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Medical _____ per _____ <input type="checkbox"/> Dental _____ per _____ <input type="checkbox"/> Optical _____ per _____ </div>		
70. Individuals currently covered by your insurance		
Name	Birthdate	Relationship
		Medical (,)
		Dental (,)
		Optical (,)

CHILD CARE INFORMATION

71. Do you have child care expenses for the minor children in this domestic relations case during any time of the year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, complete the following information:			
Name of child care provider	Names of children receiving child care		
Number of weeks provided during last calendar year	Estimated number of weeks of child care provided in this calendar year		
Current weekly child care cost	Amount of child care credit received on last year's federal I.R.S. tax return		
72. Check the reason(s) which explain why you need child care and estimate the number of hours child care is received for each.			
Reason	Estimated no. of hours per week		
<input type="checkbox"/> Work related	_____		
<input type="checkbox"/> Looking for employment	_____		
<input type="checkbox"/> Enrolled in educational program to improve employment opportunities	_____		
73. If your reason for child care is education related, provide the following information:			
Name of educational institution	Total classroom hours per week	Educational goal	Projected graduation date